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Webinar Summary: What's Next for bNAbs?

September 30, 2026

On September 30, AVAC hosted a global webinar, ***Combo bNAbs for HIV Prevention – Latest Developments,*** to explore emerging updates in broadly neutralizing antibodies (bNAbs), which are being studied as HIV prevention and cure, as well as to inform traditional HIV vaccine research. The webinar's intent was to take stock of the current state of the bNAb pipeline for prevention, including the latest key findings from CAPRISA 012c. The CAP 012c Phase 2 trial examined a combination of two bNAbs – CAP256-V2Ls and VRC07-523LS – among young women in South Africa and Zambia. Results showed that the bNAb combination was safe and well tolerated, but there was no statistically significant difference in HIV incidence rates between the bNAb and placebo arms. Stacey Hannah, Director of Research Engagement, framed the importance of this discussion: *"How do we make sure individual trials continue to shed light on tough scientific questions across the whole field?"*

Reflecting on the findings of CAP 012c, speakers discussed potential implications of viral resistance, antibody coverage and durability, and, importantly, how to apply these implications to the bNAb pipeline moving forward. While the CAP 012c results were unexpected and may add even greater complexity to the ability to achieve protection with a passive bNAb product, all panelists agreed that this is not the time to give up. As combination bNAb products continue to be tested, a critical lens must be placed on identification of the best combinations, adequate dosing regimens, and trial design and population.

Echoing a central theme of the discussion, panelist Matthew Rose from TruEvolution Inc. reminded attendees that *"a trial that did not get the result that we want is not a bad thing. It's telling us where we go next."* Pervin Anklesaria from the Gates Foundation reinforced this point, emphasizing the value of applying what was learned across the research pipeline: *"While this study did not show efficacy overall, it does show what we need to do next...it's important for these lessons to be used for both the vaccines and the passively administered bNAbs arena."*

The conversation further explored the next generation of bNAb research. Huub Gelderblom of the HIV Vaccine Trials Network (HVTN) summarized the antibody mediated prevention (AMP) studies, which showed that a single bNAb could prevent HIV when the virus was highly sensitive to that antibody. Gelderblom discussed HVTN's current strategy focused on Combo AMP - studying combinations of three long-acting antibodies targeting different parts of HIV. Rather than viewing these studies only as a pathway to a new prevention product, he emphasized their potential to answer important scientific questions, including identifying a correlate of protection – a measurable immune response that can indicate whether an approach is likely to protect against HIV. Gelderblom explained, *"Combo AMP isn't going to be the perfect study. It's not going to get us to a product. What it will do is get us over the bridge,"* providing the evidence that researchers need to advance more promising combination bNAb approaches.

The webinar highlighted an even bigger, and evolving, question for the field: how can the knowledge generated through bNAb research be used most effectively across prevention, vaccine, and cure

research? John Mascola of ModeX Therapeutics Inc and former leader of the NIH's Vaccine Research Center emphasized that research on potent antibodies has already shaped efforts to develop vaccines that could prompt the body to generate similar protective responses. Reflecting on the broader body of bNAb research, he said these studies *"have provided the basis for a whole field of antibody-based vaccines and potentially cure-related work."*

An ultimate question surfaced around how and whether bNAbs fit into an HIV research landscape that already includes effective, feasible, long-acting options. Panelists expressed their view that future research – on bNAbs or otherwise – must be grounded in what will be practical for people to use. Rose emphasized that reducing repeated interactions with the health system is an important goal for prevention research, saying, *"I want to reduce the amount of friction that exists between humans and health care, and vaccines have been the best way to do that."*

Speakers agreed that we need to move faster, learn quickly from each study, and carry those lessons forward by building future research on these lessons learned. Closing the conversation, Mitchell Warren underscored the need to accelerate how the field responds to new evidence: *"The time from a disappointing result to inform the next study takes too long... we've got to go faster. And certainly, from an AVAC perspective, we have to have that centered with communities, not only with the products."*